

75 Swanton Hill Road
North Stonington, CT
06359

860 / 535.2010
toll-free
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fax
860 / 535.4820

Stonington Institute

*An affiliate of
Rutgers University
School of
Alcohol Studies*

August 19, 2004

VIA FACSIMILE (860) 418-7053 AND REGULAR MAIL

Kimberly Martone, Analyst
Office of Health Care Access
State of Connecticut
410 Capitol Avenue, MS #13HCA
PO Box 340308
Hartford, CT 06134-0308

Re: CON Determination Request
Stonington Behavioral Health, Inc.

Dear Kim:

Enclosed please find two Letters of Intent - Form 2030 with respect to two separate project proposals. We are writing to seek a determination of whether and to what extent either or both projects require a Certificate of Need determination.

Thank you very much for assistance in this matter.

Very truly yours,

Teri Frechette-Brainerd
Assistant to the CEO



CC: Tom Gilman

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HEALTH CARE ACCESS



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CONNECTICUT OFFICE OF
HEALTH CARE ACCESS

**State of Connecticut
Office of Health Care Access
Letter of Intent/Waiver Form
Form 2030**

All Applicants must complete a Letter of Intent (LOI) form prior to submitting a Certificate of Need application, pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please submit this form to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. APPLICANT INFORMATION

If there are more than two Applicants, please attach a separate sheet of paper and provide additional information in the format below.

	Applicant One
Full legal name	Stonington Behavioral Health, Inc.
Doing Business As	Stonington Institute
Name of Parent Corporation	Universal Health Services of Delaware, Inc.
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	75 Swantown Hill Road North Stonington, CT 06359
Applicant type (e.g., profit/non-profit)	Profit
Contact person, including title or position	Thomas Gilman Adolescent Program Advisor
Contact person's street mailing address	75 Swantown Hill Road North Stonington, CT 06359
Contact person's phone #, fax # and e-mail address	Phone (860) 535-1010 x234 Fax (860) 535-3835 thomas_gilman@charter.net

SECTION II. GENERAL APPLICATION INFORMATION

a. Proposal/Project Title:

Hospital for Mentally Ill Persons-Ledyard

b. Type of Proposal, please check all that apply:

x Change in Facility (F), Service (S) or Function (Fnc) pursuant to Section 19a-638, C.G.S.:

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> New (F, S, Fnc) | <input type="checkbox"/> Replacement | <input type="checkbox"/> Additional (F, S, Fnc) |
| <input type="checkbox"/> Expansion (F, S, Fnc) | <input type="checkbox"/> Relocation | <input type="checkbox"/> Service Termination |
| <input type="checkbox"/> Bed Addition | <input type="checkbox"/> Bed Reduction | <input type="checkbox"/> Change in Ownership/Control |

x Capital Expenditure/Cost, pursuant to Section 19a-639, C.G.S.:

x Project expenditure/cost cost greater than \$ 1,000,000

☐ Equipment Acquisition greater than \$ 400,000

- | | | |
|----------------------------------|---|--|
| <input type="checkbox"/> New | <input type="checkbox"/> Replacement | <input type="checkbox"/> Major Medical |
| <input type="checkbox"/> Imaging | <input type="checkbox"/> Linear Accelerator | |

☐ Change in ownership or control, pursuant to Section 19a-639 C.G.S., resulting in a capital expenditure over \$1,000,000

c. Location of proposal (Town including street address):

45 King's Highway, Ledyard, CT

d. List all the municipalities this project is intended to serve:

State-Widee. Estimated starting date for the project: **January 1, 2005**

f. Type of project: 9

Number of Beds (to be completed if changes are proposed)

Type	Existing Staffed	Existing Licensed	Proposed Increase (Decrease)	Proposed Total Licensed
Subacute	0	0	32	32
RTC	0	0	46	46

SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATIONa. Estimated Total Capital Expenditure: \$1,500,000.00

b. Please provide the following breakdown as appropriate:

Construction/Renovations	\$1,500,000.00
Medical Equipment (Purchase)	
Imaging Equipment (Purchase)	
Non-Medical Equipment (Purchase)	\$250,000.00
Sales Tax	\$15,000.00
Delivery & Installation	
Total Capital Expenditure	\$1,765,000.00
Fair Market Value of Leased Equipment	
Total Capital Cost	\$1,765,000.00

Major Medical and/or Imaging equipment acquisition: NA

Equipment Type	Name	Model	Number of Units	Cost per unit

Note: Provide a copy of the contract with the vendor for major medical/imaging equipment.

c. Type of financing or funding source (more than one can be checked):

- ☒ Applicant's Equity ☐ Lease Financing ☐ Conventional Loan
☐ Charitable Contributions ☐ CHEFA Financing ☐ Grant Funding
☐ Funded Depreciation ☐ Other (specify): _____

SECTION IV. PROJECT DESCRIPTION

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.
2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
3. Who is the current population served and who is the target population to be served?
4. Identify any unmet need and how this project will fulfill that need.
5. Are there any similar existing service providers in the proposed geographic area?
6. What is the effect of this project on the health care delivery system in the State of Connecticut?
7. Who will be responsible for providing the service?
8. Who are the payers of this service?

**Stonington Institute
Letter of Intent
Hospital for Mentally Ill Persons-Ledyard**

Section IV – Project Description

Stonington Institute provides residential and sub-acute treatment services to male and female adolescents ages 12-18. The Institute is licensed by the State Department of Public Health and the Department of Children and Families.

The Institute proposes to operate an up to 46-bed psychiatric residential treatment center for adolescents. This mixed gender program on the Ledyard campus will provide psychiatric residential treatment for adolescents meeting the DCF Level III designation. In addition, the Institute proposes to develop an up to 32 bed (22 male, 20 female) sub-acute service for adolescents with severe psychiatric and/or emotional disturbance treatment needs, at our Ledyard campus. This program will allow the medically cleared adolescent to move from a hospital setting to a sub acute unit for stabilization, further assessment, treatment plan development and initiation.

Patients will be referred to this program by area hospitals and/or the Central Placement Team. Patients in the sub-acute units may move on to an open RTC bed within the Ledyard Campus. This will allow for the continuity of treatment and may eliminate one step in the DCF CPT process. Not all adolescents in the subacute units will be appropriate for this move. Some may return home or to other programs. This program is the highest level in our efforts to create a full continuum of service for adolescents in need of psychiatric and/or emotional disturbance treatment needs.

Payers include Medicaid managed care plans, commercial health plans and self-payers. There is currently no sub-acute level service available in the southeast. This proposal will provide a much-needed capacity increase in the mental health system for adolescents within Connecticut.

It is our intent to license the program through both the DCF and Department of Public Health licensure process as a Hospital for Mentally Ill Persons.



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